Factors affecting mental health support to the British armed forces: part one

Alan Finnegan, Sara Finnegan, Mike Thomas

To help the British armed forces minimise mental health problems while undertaking military duties, operational psychological support is provided by military mental health nurses. This series of two articles is part of the first qualitative research completed in Afghanistan by British armed forces into the effectiveness of the military mental health nursing role. The authors aim to increase understanding of the factors that affect the delivery of nursing care during an operational deployment, including educational and clinical competency, multiprofessional and multinational boundaries, and the challenges of providing nursing care for both military personnel and local nationals. This article, the first of the two-part series, looks at the set up of the study, while the second article (featured in the next issue of *JCN*) will look at the study findings.

KEYWORDS:
Mental health ■ British armed forces ■ Military mental health nurses

One of the primary aims of the British armed forces is to deploy a capable workforce while minimising the effect of mental health problems on its members as they perform their military duties. To do this, it is essential that soldiers (in this paper the general term for Royal Navy, army and RAF personnel) are provided with excellent clinical, psychological, welfare and social support. To achieve this, the defence medical services aims to maximise the psychological support afforded to soldiers by providing immediate and effective mental health care wherever they are serving. Deployable support is provided by a field mental health team comprising military mental health nurses.

Colonel Alan Finnegan, defence professor of nursing, Academic Department for Defence Nursing, Royal Centre for Defence Medicine, Birmingham; Sara Finnegan, registered nurse, Eastham Group Practice, Wirral; Professor Mike Thomas, deputy vice chancellor University of Central Lancashire (UCLan), Preston

However, there have been few qualitative research studies assessing the operational role of military mental health nurses (Kiernan et al, 2013). This paper, the first in a two-part series, presents the first qualitative defence nursing research exploring the views of mental health and other nurses based at Camp Bastion Hospital, Afghanistan in 2013.

OPERATIONAL MILITARY MENTAL HEALTH CARE

In the authors' opinion., the British armed forces provide robust, effective and easily accessible mental health services. There is a clearly defined integrated care pathway between primary health care, military departments of community mental health and secondary health care.

The military departments of community mental health consist of a multidisciplinary clinical staff that provides soldiers with a medium for sharing problems through the use of recognised treatments such as cognitive behavioural therapy (CBT). Any hospital care is provided within the NHS through a defined contract.

Military mental health differs from civilian practice by providing an occupational mental health service that makes recommendations regarding a soldier's suitability for service. This is a specialised service dealing predominately with the issues of fit young men and, with the challenges faced in such a demanding environment, there is a requirement to provide soldiers with the tools to help them manage their emotions (Conrad and White, 2010). Performance indicators and military satisfaction surveys indicate that the British armed force's mental health service is of a very high standard (Finnegan and Finnegan, 2007).

Military mental health focuses on operational deployment, with the aim of maintaining the numbers of fighting troops at a maximum. The objective is to provide support as near as possible to any traumatic event and keep soldiers within the combat environment to ensure that they maintain their military identity as it is assumed this will aid recovery (O'Brien, 1998).

During operations, military mental health nurses are deployed with troops into hostile environments to ensure that a seamless mental health pathway is available.

COMMON MILITARY MENTAL HEALTH PROBLEMS

Soldiers make a lifestyle choice to join the armed forces and structures such as suicide vulnerability risk management (SVRM) are in place to protect vulnerable personnel (Fertout et al, 2011) — this means that serious mental illness is rare. Of the approximately 1,600 people who leave the services each year on medical grounds, only around 150 leave for mental health reasons

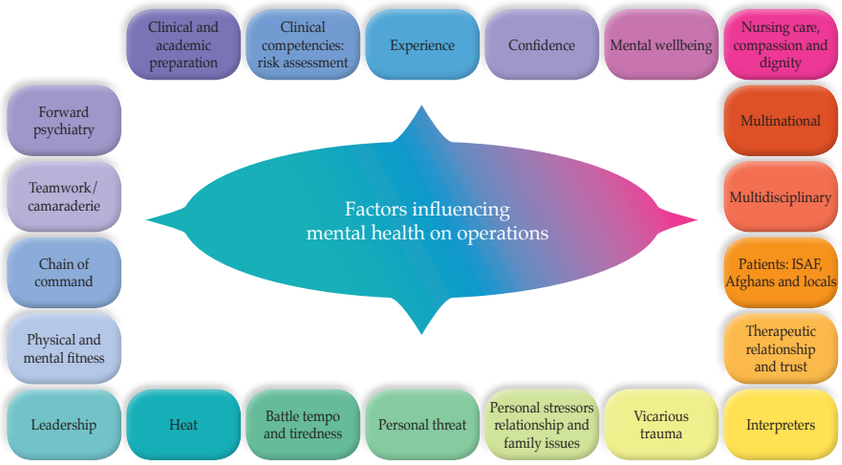

Figure 1.
The graphic illustrates the 21 categories of result findings.

(Busuttil, 2010). Psycho-educational training, which aims to inform soldiers of mental health problems, provide information to sustain mental wellbeing and reduce stigma, is provided as part of force generation, and the majority of troops that reach the battlefield have high levels of physical and mental strength.

Well-motivated British troops have reported that there are benefits to military life and being deployed, such as increased self-esteem and confidence (Hacker-Hughes et al, 2005; Finnegan et al, 2014).

However, soldiers constantly face advances in military technology, which mean they can witness the often horrendous death of friends, colleagues and members of the local population. At the time of writing, there had been 453 UK military and civilian fatalities, 613 seriously injured and 7,210 aeromedical evacuations from Afghanistan since 2001 (Ministry of Defence, 2014).

Therefore, mental health policies extend into the operational theatre, where peer support programmes such as Traumatic Risk Management (TRiM) (Jones et al, 2003) are available. Systems also exist to support soldiers to reintegrate on their return from deployment.

The most common mental health disorders affecting British armed forces personnel are depression, alcohol misuse and anxiety disorders (Fear et al, 2010; Finnegan et al, 2014), and these conditions are the main mental health factors in reducing the army's fighting capability.

The rigours of battle, traumatic events and potential post-traumatic stress disorder (PTSD) are just some of the many stressors that soldiers face. Common factors leading to mental health problems on deployment relate to relationship and family problems, and occupational difficulties. However, there does not appear to be an epidemic of psychological disorder once troops return from operations, with few reports of mental health problems directly attributed to deployment (Jones et al, 2008; Finnegan, 2011).

THE STUDY

Aim

The overall aim of the study was to advance the understanding of any predisposing factors that affect the delivery of nursing care during an operational deployment. This included analysis of academic preparation and clinical competency in preparing military nurses to provide high-quality care; the impact of multiprofessional and multinational boundaries; and the challenges of providing nursing care for both military and local nationals.

It was hoped that studying these factors would help to elucidate their impact on the delivery of nursing care and the wellbeing of nursing staff.

Theory and method

A constructivist grounded theory was used in this study (Charmaz, 2006) with semi-structured interviews used to collect information from defence nurses based at Bastion Field Hospital in Afghanistan (April to September, 2013). The constructivist grounded theory has proven particularly relevant for assessing service personnel who have been removed from their normal social constructs and family surroundings (Finnegan et al, 2014).

The rationale was that the evidence could be obtained from the beliefs of the nurses, which could then be grouped into emerging factors and extrapolated into broader comparisons that might provide new understanding. In this study, constructivist grounded theory relates to the army nurses' views of truth, belief and justification for undertaking the full range of operational mental health duties.

The first author of this paper designed the schedule and conducted and transcribed the interviews. Altogether, 18 nurses were interviewed, although a significant amount of information in this study was supplied by three nurses who formed the field mental health team (detailed descriptions of the fieldwork challenges and implications, together with the interview schedule can be found in other works) (Finnegan, 2014).

The study received Ministry of Defence research ethical committee approval and the results provide an overview of this research project, focussing on the factors affecting the delivery of mental health care by the deployed field mental health team.

Results

The results were drawn from a grounded theory analysis of the interviewees' verbatim transcripts. The following categories and results are drawn from their views.

Initial coding indicated 21 categories, which were identified due to certain similar characteristics (*Figure 1*). Analysis of these categories

led to the identification of four major clusters (*Figure 2*):

- Autonomous practitioner
- Nursing care
- Warrior nurses
- Situational pressures.

These factors led to theoretical groupings under the headings of:

- The autonomous and competent defence nurse
- Operational stressors (such as expectations of the chain of command)
- Multidisciplinary and multinational nursing practice
- Mental wellbeing.

The findings discussed in the second part of this series were drawn from analysis of the participants' views on these four subject areas.

CONCLUSION

This paper presents an initial snapshot of the theory behind the British armed forces qualitative research nursing study, which was undertaken during an operational deployment in Afghanistan.

This article, the first of a two-part series, offers an insight into the role of deployed mental health nurses and examines some of the challenges they face. The second part of the series will look at the findings of the study, which demonstrate that managing the mental health of armed forces personnel on an operational deployment requires an ability to develop trusting relationships, identify factors leading to stress and help staff to feel supported. JCN

Limitations of this study include the small team of deployed mental health nurses; the views refer to a particular time and may not reflect the field mental health team role during a differing operational tempo or environmental and welfare conditions; the author's role as a DMS senior nursing officer may have introduced bias.

REFERENCES

Busuttil W (2010) Combat-related stress. In: Conrad D, White A, eds. *Promoting Men's Mental Health*. Radcliffe, Oxford

Conrad D, White A (2010) *Promoting Men's Mental Health*. Radcliffe, Oxford

Charmaz K (2006) *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. Sage, London

Fear NT, Jones M, Murphy D, et al (2010) The mental health of UK Afghan and Iraq veterans. *Lancet* 375(9728): 178–97

Fertout M, Jones N, Greenberg N, Mulligan K, Knight T, Wessely S (2011) A review of United Kingdom Armed Forces' approaches to prevent post-deployment mental health problems. *Int Rev Psychiatr* 23: 135–43

Finnegan AP (2011) *An Exploration and Critical Analysis of the Factors Leading to Depression in the British Army*. PhD Thesis, Birmingham City University

Finnegan AP, Finnegan SE (2007) Assessing the effectiveness of the British army's mental health service. *Br J Nurs* 16(12): 725–30

Finnegan AP (2014) Fieldwork and practical implications for conducting qualitative research in the defence medical services. *J Roy Army Med Corps* 160(2): 141–5

Finnegan AP, Finnegan SE, Thomas M, Deahl M, Simpson R, Ashford R (2014) The presentation of depression in the British army. *Nurse Educ Today* 34(1): 83–91

Hacker-Hughes J, Cameron F, Eldridge R, Devon M, Wessely S, Greenberg N (2005) Going to war does not have to hurt: preliminary findings from the British deployed to Iraq. *Br J Psychiatr* 186: 536–7

Jones N, Roberts P, Greenberg N (2003) Peer-group risk assessment: a post-traumatic management strategy for hierarchical organizations. *Occupational Medicine* 53: 469–47

Jones N, Greenberg N, Fear NT, Earnshaw M, McAllister P, Reid G, Wessely S (2008) The operational mental health consequences of deployment to Iraq for UK forces. *J Roy Army Med Corps* 154(2): 102-06

Kiernan M, Finnegan AP, Farrell D (2013) Role of the military community mental health nurse. *Nurs Stand* 27(51): 35–41

Ministry of Defence (2014) *Op Herrick Casualty and Fatality Tables*. Available at: www.gov.uk/government/publications/op-herrick-casualty-and-fatality-tables-released-in-2014 (accessed 11 July, 2014)

O'Brien L S (1998) *Traumatic Events and Mental Health*. Cambridge, University Press, Cambridge

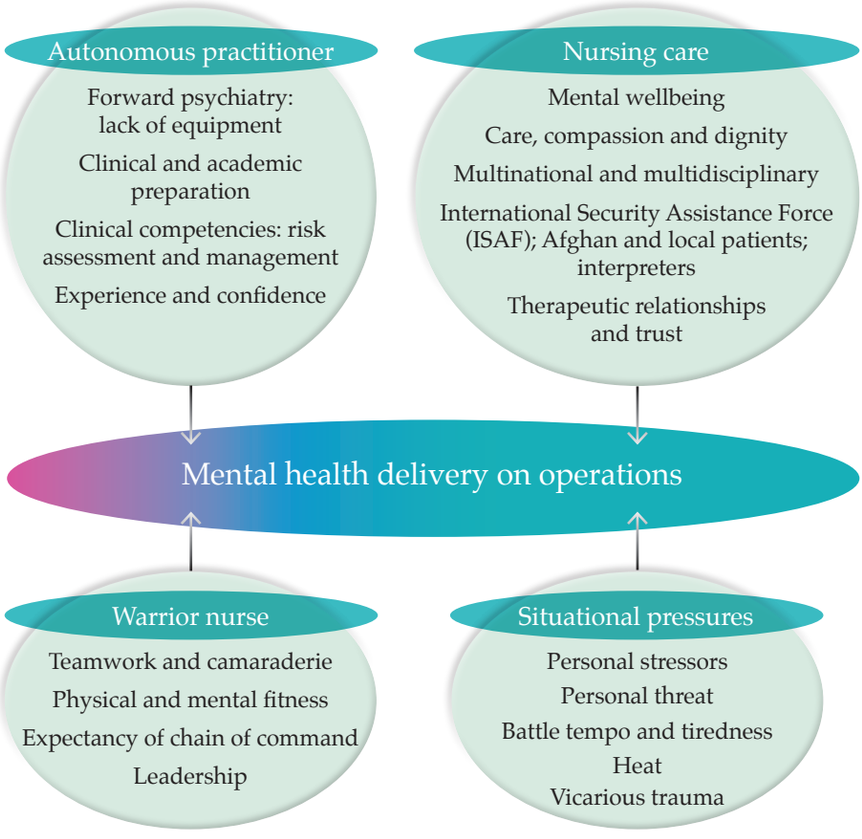

Figure 2.
The graphic illustrates how the 21 categories were grouped into four major clusters.